

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90154 012 ***150.00

DOCUMENT # M25522

1. Entity Name
TOM EBRO, INC.



Principal Place of Business
**7400 SW 50TH TERRACE
SUITE 205
MIAMI FL 33155**

Mailing Address
**7400 SW 50TH TERRACE
SUITE 205
MIAMI FL 33155**



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

5525 REFLECTIONS BLVD
Suite, Apt. #, etc.
NA

3. Mailing Address

5525 Reflections Blvd
Suite, Apt. #, etc.

City & State
LUTZ FL

City & State
Lutz FL

4. FEI Number **59-2628858**

Applied For
Not Applicable

Zip **33558** Country **USA**

Zip **33558** Country **USA**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ESCO BENJAMIN M ES1
420 S DIXIE HWY #300
MIAMI FL 33146**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Delete
NAME **EBRO, THOMAS C.**
STREET ADDRESS **7400 SW 50TH TERR, #205**
CITY-ST-ZIP **MIAMI FL**

TITLE **PD** ☒ Change ☐ Addition
NAME **EBRO THOMAS C.**
STREET ADDRESS **5525 REFLECTIONS BLVD**
CITY-ST-ZIP **LUTZ, FL 33558-9018**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/03 813-792-9000

Date

Daytime Phone #

CR2E034 (10/02)